BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application	or	Docket	Number
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FUSY 19-017

CLAIMS AS		S FILED - PART ((Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
ТО	TAL CLAIMS		17					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS // minus 20=		• •			X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS		/ mi	inus 3 =`	3			X40=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT					. 🗔 .		+135=		OR	+270=	7.70	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL I		OR	 	THAN
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	/	7	=		X\$ 9=	·	OR	X\$18=	
ANE	Independent	6	Minus		6	-		X40=		OR	X80=	
	riksi phese	NTATION OF MI	JLTIPLE DE	PENDEN	CLAIM	es F		+135=	न्तरको सम्बद्धि । क्रिक्	0 R	+270=	American Services
TOTAL ADDIT. FEE									A A A A A A A A A A A A A A A A A A A	OR	TOTAL ADDIT. FEE	1
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	•	Minus	***		=		X\$ 9=	.	OR	X\$18=	
AME	Independent	*-	Minus	***	, OL A144	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	
		T. T.	. —					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	.
		(Column 1)			mn 2)	(Column 3)		e de la companya de l		.·		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		E		X\$ 9=	, , , , , ~	OR-	X\$18=	
	Independent	•	Minus	***		=	1	X40=	•	OR	X80=	,
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		L	+135=		OR	+270=	
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											